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3/26/04  
A.W.  
(N.E.)

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on March 18, 2004  
Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

*Wendy Scott*  
(Signature of Person Mailing Paper or Fee)

Application Number : 09/680,599  
Applicant : Richard R. Wessman  
Filed : October 6, 2000  
TC/A.U. : 2175  
Examiner : Betit, Jacob F.

Confirmation Number: 1833

Docket Number : OR00-03802  
Customer No. : 22,835

RECEIVED

MAR 24 2004

Technology Center 2100

M/S: Box Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

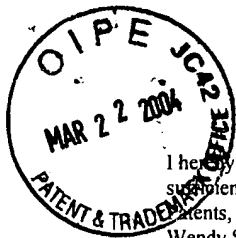
### AMENDMENT

Sir

In response to the office action of **March 11, 2004**, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.



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**AMENDMENT TRANSMITTAL LETTER**

Box Non-Fee Amendment  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed March 11, 2004.
- ☐ A petition for extension of time is also enclosed with a fee of \$0.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
  - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
  - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and \_\_\_ references.
- ☒ No additional claims fees are required.

☐ An additional fee is required, and is calculated as shown below:

| AMENDED CLAIMS   |               |   |              |          |            |
|--|---------------|---|--------------|----------|------------|
|  | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE     | ADDT'L FEE |
| Total Claims   |               | MINUS = 24                                |              | x \$18 = | \$0        |
| Independent Claims   |               | MINUS = 3                                 | 0            | x \$84 = |            |
| If Amendment adds multiple dependent claims, add \$260.00              |               |   |              |          |            |
| Total Amendment Fee  |               |   |              |          | \$0        |
| If small entity status is claimed, subtract 50% of Total Amendment Fee |               |   |              |          |            |
| <b>TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT</b>                     |               |   |              |          | <b>\$0</b> |

- ☐ A check in the amount of \$ 0.00 is enclosed.
- ☐ Charge \$\_\_\_ to Deposit Account No. \_\_\_\_ (Docket No. \_\_\_\_).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. OR00-03802).

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FAX: (530) 759-1665

Respectfully submitted,

By



Edward J. Grundler  
Registration No. 47,615

Date: March 18, 2004